

FILED _____

WASHINGTON COUNTY CLERK
197 EAST TABERNACLE
ST GEORGE, UT 84770
435-634-5712

REMINDEES _____

PROPERTY SERIAL NUMBER _____ ACCOUNT NUMBER _____

LAST NAME _____ FIRST NAME _____ BIRTHDATE _____ AGE _____ SOCIAL SECURITY _____

SPOUSE'S LAST NAME _____ FIRST NAME _____ BIRTHDATE _____ AGE _____ SOCIAL SECURITY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

COMPUTATION OF HOUSEHOLD INCOME FOR PRIOR YEAR FOR CIRCUIT BREAKER & COUNTY ABATEMENTS ONLY:**List yearly income from all sources received by all members of your household in prior year: (59-2-1202)**

1. Wages, salaries and other employee compensation.....\$ _____
2. Business, farm, partnership, rent, sale of property and miscellaneous income.....\$ _____
3. Dividend, interest and trust income.....\$ _____
4. Pensions, annuities, capital gains and other retirement (IRA).....\$ _____
5. Social Security and Railroad Retirement.....\$ _____
6. Welfare, unemployment compensation, alimony and strike benefits.....\$ _____
7. Veterans Disability.....\$ _____

TOTAL PRIOR YEAR HOUSEHOLD INCOME.....\$ _____**CIRCUIT BREAKER: (COMPLETE HOUSEHOLD INCOME FOR PRIOR YEAR INFORMATION)****To qualify, answers must be YES to the following (59-2-1201)**

1. Must be 65 before December 31 **OR** are you a widow or widower?..... NO _____ YES _____
2. Was household income for year prior to application less than **\$27,557**?..... NO _____ YES _____
3. Will you be a resident of Utah for entire year of application and is this your primary residence?..... NO _____ YES _____
4. Did you **OWN and OCCUPY** your residence on January 1 of year of application?..... NO _____ YES _____
5. Did you furnish your own support for year prior to year of application?..... NO _____ YES _____

COUNTY ABATEMENT: (COMPLETE HOUSEHOLD INCOME FOR PRIOR YEAR INFORMATION)**You must answer these questions to determine if you qualify (59-2-1107)**

1. I am filing as: _____ Age **65 or Older**
_____ **Under 65 and disabled** (attach physician's medical statement)
_____ **Extreme Hardship** would prevail if not granted (attach explanation)
2. Was your household income less than **\$27,557** for the previous year?..... NO _____ Yes _____
3. Do you reside at above address for **ten** months of each year and is this your primary residence?..... NO _____ Yes _____

VETERANS EXEMPTION:**To qualify, answers must be YES and DISABILITY PERCENTAGE PROVIDED (59-2-1104)**

1. Were you the owner of record January 1st of year of application ?..... NO _____ YES _____
2. Are you a resident of Washington County and is this your primary residence?..... NO _____ YES _____
3. Indicate service connected disability percentage per Veterans Administration %
4. I am filing as the _____ Veteran OR _____ **Unmarried** surviving spouse or orphaned minor child or children who qualified for this exemption.

Date _____ Taxable Value Granted _____ Tax Dollars Granted _____ Tax Val & Dollar Balances _____

BLIND EXEMPTION:**To qualify, answers must be YES to the following #1 OR #2 PLUS #3 and # 4 (59-2-1106)**

1. I have vision no more than 20/200 visual acuity in the better eye when corrected or have a restriction in the field of vision in the better eye which subtends an angle of vision no greater than 20 degrees (certified by ophthalmologist) NO _____ Yes _____
2. I am the **Unmarried** surviving spouse or minor orphan of one who qualified..... NO _____ Yes _____
3. Are you a resident of Washington County and is this your primary residence?..... NO _____ Yes _____
4. Were you owner of record January 1 of year of application?..... NO _____ Yes _____

Date _____ Taxable Value Granted _____ Tax Dollars Granted _____ Tax Val & Dollar Balances _____

CERTIFICATION AND SIGNATURE:*I declare that an abatement/exemption is entitled on the above property, and that the information on this form is correct and income entered is total household income received from all taxable and non-taxable sources. I have made no other application for exemption for current year*

DATE _____ SIGNATURE OF APPLICANT _____ SIGNATURE OF APPLICANT'S SPOUSE _____

FILING DEADLINE - SEPTEMBER 1